

### Professional Service Application

Practice Name: \_\_\_\_\_

Provider Name and Credentials\*: \_\_\_\_\_

License Type \_\_\_\_\_

Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

or SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NPI Number: \_\_\_\_\_

Provider Numbers:

Medicare \_\_\_\_\_

Medicaid \_\_\_\_\_

BCBS \_\_\_\_\_

Tricare \_\_\_\_\_

Please list any other provider numbers with payer name:

Provider number \_\_\_\_\_

Payer \_\_\_\_\_

Provider number \_\_\_\_\_

Payer \_\_\_\_\_

Provider number \_\_\_\_\_

Payer \_\_\_\_\_

Provider number \_\_\_\_\_

Payer \_\_\_\_\_

\* Please complete a separate application for each provider. If you require more room for credentials, please attach a type written page to this form and submit both pages to Glenn Billing.

### Professional Service Application

Most commonly used procedure codes and practice fee schedule:

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

\_\_\_\_\_  
CPT Code

\_\_\_\_\_  
Practice Fee

My signature indicates that all information is accurate to the best of my knowledge.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Printed name